

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 01/24/2010

Address: C.R. 600 S., C.R. 275 W.

Case #: 32F30216

Sullivan, IN

County: Sullivan

47882

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☒ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Vehicle
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Vehicle
☒ Water Reactive Metal (Lithium): Vehicle
☒ Anhydrous Ammonia: Vehicle
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: Vehicle
☐ Corrosive Base: _____
☒ Other (item and location): One pot, Vehicle

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Sullivan Sheriffs Dept.

This report is to be faxed to the following agencies that serve the location:

Fire Department: Haddon Vol. Fire

Fax: 812-398-4041

Health Department: Sullivan Health Dept.

Fax: 812-Unknown

Child Protection Service: Sullivan CPS

Fax: 812-268-6452

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: J. Kempf/ 7922

Phone (812)299-1151

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.